PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10772909

Effective October 1, 2003												_ · .	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/\(\) minus 20=		•		1 1	XS 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		•			X43=	 	OR	X86=		
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT				ÌÌ	+145=		1	÷290=		
* If the difference in column 1 is less than zero, enter					"0" in (column 2	. [TOTAL	385	OR OR	TOTAL		
CLAIMS AS AMENDED - PART II								TOTAL	حمب	JON	OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	<u>.</u>	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	99		·=		XS 9=		OR	X\$18=		
	Independent	•	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JETIPLE DE	PENDENT	CLAIM		┇	+145=		OR	+290=		
		•	L	TOTAL		OR	TOTAL	·					
ADDIT. FEE													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***				X43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=		
								TOTAL ODIT. FEE	·		TOTAL ADDIT. FEE		
\neg	`	(Column 1) CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Colum		(Column 3)	. –						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent		Minus	***		=		X43=		t	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							- 		OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
II	ine "Highest Nur he "Highest Num	nber Previously Paid ber Previously Paid	d For IN THIS For (Total or	SPACE is Independen	less thar It) is the	a 3, enter "3." highest number		_	ropriate box				